

7852 Walker Drive, Suite 200 Greenbelt, Maryland 20770 phone: 301-459-7590, fax: 301-577-5575 internet: www.jsitel.com, e-mail: jsi@jsitel.com

July 1, 2014

### Via Hand Delivery

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42

2014 ETC Annual Report of Tohono O'odham Utility Authority

Study Area Code 452173

Dear Ms. Dortch:

On behalf of Tohono O'odham Utility Authority ("TOUA"), JSI files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules. TOUA seeks confidential treatment under Protective Order for section 54.313(f)(2) financial information. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, attached is a letter requesting confidential treatment under Sections 0.457 and 0.459 of the initial section 54.202(a) Five-Year Service Quality Improvement Plan and of outage reporting.

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President

301-459-7590

jkuykendall@jsitel.com

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>2</sup> Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 0.457, 0.459, 54.202(a).



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July 1, 2014

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42 2014 ETC Annual Report of Tohono O'odham Utility Authority Study Area Code 452173 Request for Confidentiality

Dear Ms. Dortch:

John Staurulakis, Inc. ("JSI"), on behalf of its client Tohono O'odham Utility Authority (the "Company") hereby requests, pursuant to Sections 0.457 and 0.459 of the Commission's rules, <sup>1</sup> withholding from public inspection certain information contained in attachments to the above referenced reporting requirement. The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).<sup>2</sup>

- 1. The information for which the Company is seeking confidential treatment are attachments to the Company's annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules ("Report").<sup>3</sup>
- 2. Rate-of-Return Eligible Telecommunications Carriers ("ETCs") must file with the Commission an initial section 54.202(a) Five-Year Service Quality Improvement Plan ("Five-Year Plan") <sup>4</sup> and must also report outages, both of which are contained in attachments to the 2014 Report.
- 3. The information contained in attachments for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment. The Company also seeks withholding from public inspection data pertaining to the Company's outages provided at FCC Form 481 Line 200 attachment, Service

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. §§ 0.457, 0.459.

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 0.459(b)(1) through (9).

<sup>&</sup>lt;sup>3</sup> 47 C.F.R. §§ 54.313, 54.422.

<sup>&</sup>lt;sup>4</sup> See In the Matter of Connect America Fund, WC Docket No. 10-90, Order DA 14-591 (rel. May 1, 2014).

Outage Reporting. Information of this nature is confidential commercial information routinely withheld from public inspection.

4. With respect to identifying the degree to which the Five-Year Plan concerns a service that is subject to competition, the Line 112 attachment contains information of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment includes competitively sensitive information related to proposed improvements or upgrades and maintenance of the Company's network.

In its March 5, 2013 Order, the FCC. The FCC specified that for rate-of-return carriers, the five-year plans "should describe the carrier's network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories." Accordingly, because the Company is a rate-of-return carrier, it must file a five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company's existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company's existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

With respect to identifying the degree to which the outage data contained in the Line 200 attachment concerns a service that is subject to competition, the information pertains to the network and operations of a telecommunications company that has competitors that could benefit if they were able to have access to this information.

5. With respect to identifying possible exposure to competitive harm, the information contained in the subject attachments is information that is not customarily released to the public. The Five-Year Plan information is proprietary to the Company, is unique to the Company's serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company's customers which would place the Company at a competitive disadvantage.

<sup>&</sup>lt;sup>5</sup> See Connect America Fund et al., WC Docket 10-90 et al., Order, DA 13-332 (rel. Mar. 5, 2013) ("March 5, 2013 Order") at para 9 citing Section 54.202(a) (1) (ii).

### Request for Confidentiality Page 3

- disclosure of the information contained in the attachments, the Company is filing the Five-Year Plan and outage attachments under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
- 7. Any previous versions of this information are not publicly available.
- 8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
- 9. The Commission has previously concluded that there is a presumptive likelihood of substantial competitive harm from disclosure of outage information. The Commission also determined the disclosure of outage reporting information to the public could present an unacceptable risk of more effective terrorist activity and could therefore result in potential harm to the public and the national defense.

Based on the preceding, JSI respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment, and to the Company's outage data provided at FCC Form 481 Line 200 attachment.

Please contact the undersigned with any questions regarding this request.

Sincerely,

John Kuykendall JSI Vice President

301-459-7590

jkuykendall@jsitel.com

<sup>&</sup>lt;sup>6</sup> See In the Matter of New Part 4 of the Commission's Rules Concerning Disruptions to Communications, ET Docket No. 04-35, Report and Order and Further Notice of Proposed Rulemaking, FCC 04-188, rel. Aug. 19, 2004, para. 45.

### FCC Form 481 - Carrier Annual Reporting

<3005>

### REDACTED FOR PUBLIC INSPECTION

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

|                  | Data Collection Form  |                        |                                      | ,                      |                        |   |
|------------------|---|------------------------|--------------------------------------|------------------------|------------------------|---|
| <010>            | Study Area Code   | 452173                 |                                      |                        |                        |   |
| <015>            | Study Area Name   | TOHONO O'ODHAM UTII    |                                      |                        |                        |   |
| -                |   |                        | <u> </u>                             |                        |                        |   |
| <020>            | Program Year  | 2015                   |                                      |                        |                        |   |
| <030>            | Contact Name: Person USAC should contact with questions about this data         | Mike Bethurem          |                                      |                        |                        |   |
| <035>            | Contact Telephone Number:<br>Number of the person identified in data line <030> | 5203835811 ext.        |                                      |                        |                        |   |
| <039>            | Contact Email Address:<br>Email of the person identified in data line <030>     | Mike.Bethurem@hq.to    | oua.net                              |                        |                        |   |
|                  |   |                        |                                      |                        | 54.313                 | 54.422                                  |
| ANNUA            | L REPORTING FOR ALL CARRIERS  |                        |                                      |                        | Completion<br>Required | Completion<br>Required                  |
| <100>            | Service Quality Improvement Reporting   |                        | (complete attached works             | heet)                  | (check box who         | en complete)                            |
| <200>            | Outage Reporting (voice)  |                        | (complete attached works             | •                      | <b>√</b>               | <b>✓</b>                                |
| <210>            |   | outages to report      | (                                    | ,                      |                        |   |
| <300>            | Unfulfilled Service Requests (voice)  |                        |                                      | L<br>¬                 |                        | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ∠210 <b>&gt;</b> | Detail on Attempts (voice)  |                        |                                      |                        |                        |   |
| <b>\310&gt;</b>  | betail of Attempts (voice)  |                        |                                      |                        |                        | F F F F F F                             |
|                  |   |                        |                                      | (attach descriptive do | cument)                |   |
| <320>            | Unfulfilled Service Requests (broadband) 0                                      |                        |                                      |                        | ✓                      |   |
|                  | · ` ` <del></del>   | <del></del>            |                                      | ٦ ,                    |                        |   |
| <330>            | Detail on Attempts (broadband)  |                        |                                      |                        |                        |   |
|                  |   |                        |                                      | (attach descriptive de | ocument)               |   |
| <400>            | Number of Complaints per 1,000 customers (voice)                                |                        |                                      | _                      |                        |   |
| <410>            | Fixed   |                        |                                      |                        | <b>√</b>               | 1                                       |
| <420>            | Mobile 0.0  |                        |                                      |                        |                        |   |
| <430>            | Number of Complaints per 1,000 customers (broads                                | pand)                  |                                      |                        | ✓                      |   |
| <440><br><450>   | Fixed 0.0  Mobile 0.0   |                        |                                      |                        |                        |   |
| <500>            | Service Quality Standards & Consumer Protection R                               | ules Compliance        | (check to indicate certific          | ration)                | ✓                      | ✓                                       |
|                  | 452173az510.pdf   |                        | 7                                    |                        |                        |   |
| <510>            |   |                        | (attached descriptive a              | locument)              | <b>✓</b>               | ✓                                       |
|                  |   |                        |                                      |                        |                        | ,                                       |
|                  |   |                        |                                      |                        |                        |   |
| <600>            | Functionality in Emergency Situations 452173az610.pdf                           |                        | (check to indicate certific          | ration)                | ✓                      | ✓                                       |
|                  |   |                        |                                      |                        |                        |   |
|                  |   |                        | (attached descriptive docu           | iment)                 |                        |   |
| <610>            |   |                        |                                      |                        |                        |   |
| <700>            | Company Price Offerings (voice)   |                        | (complete attached work              | sheet)                 |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| <710>            | Company Price Offerings (broadband)   |                        | (complete attached work              | sheet)                 |                        |   |
| <800>            | Operating Companies and Affiliates  |                        | (complete attached work              | sheet)                 | <u> </u>               | · · · · · · · · · · · · · · · · · · ·   |
|                  | Tribal Land Offerings (Y/N)?  | (if                    | yes, complete attached work          |                        |                        |   |
| <1000>           | Voice Services Rate Comparability   |                        | (check to indicate certific          | ration)                |                        |   |
|                  |   |                        |                                      |                        |                        |   |
| <1010>           | •   |                        | (attach descriptive docu             | ment)                  |                        |   |
|                  |   |                        |                                      |                        |                        |   |
| <1100>           | • Terrestrial Backhaul (Y/N)?   | (i)                    | f not, check to indicate certifi     | cation)                |                        |   |
| <1110>           |   |                        | (complete attached work              | sheet)                 |                        |   |
| <1200>           | Terms and Condition for Lifeline Customers                                      |                        | (complete attached work              | sheet)                 |                        | ✓                                       |
|                  | Price Cap Carriers, Proceed to Price Cap Additional                             |                        | <u></u>                              |                        |                        |   |
| <2000>           | Including Rate-of-Return Carriers affiliated with Pr                            | ice Cap Local Exchange | Carriers (check to indicate certific | ation)                 |                        |   |
| <2005>           |   |                        | (complete attached works             |                        |                        |   |
|                  | Rate of Return Carriers, Proceed to ROR Additional                              | Documentation Work     |                                      |                        |                        |   |
| <3000>           |   |                        | (check to indicate certific          | ation)                 | ✓                      |   |

(complete attached worksheet)

| FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |                 |                      |              |   |   |                           |   |  |   | Name of Attached Document  |  |
|--|-----------------|----------------------|--------------|---|---|---------------------------|---|--|---|--|--|
|  | 452173          | TOHONO O'ODHAM UTIL. | 2015         | Mike Bethurem   | 5203835811 ext.   | Mike.Bethurem@hg.toua.net | (ves / no )   | (yes / no )  | 452173a2112.pdf   | ů.   |  |
| (100) Service Quality Improvement Reporting<br>Data Collection Form              | Study Area Code | Study Area Name      | Program Year | Contact Name - Person USAC should contact regarding this data | Contact Telephone Number - Number of person identified in data line <030> | in data line <030>        | Has your company received its ETC certification from the FCC? | If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? | If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service. | Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate. | Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received How (USF) was used to improve service quality How (USF)was used to improve service coverage How (USF) was used to improve service capacity Provide an explanation of network improvement targets not met in the prior calendar year. |
| (100) Ser<br>Data Col  | <010>           | <015>                | <020>        | <030>   | <032>   | <035>                     | <110>   | <111>  | <112>   |  | <ul><li>&lt;113&gt;</li><li>&lt;114&gt;</li><li>&lt;115&gt;</li><li>&lt;116&gt;</li><li>&lt;117&gt;</li><li>&lt;118&gt;</li></ul>  |

| (200) Serv<br>Data Colle | (200) Service Outage R<br>Data Collection Form | (200) Service Outage Reporting (Voice)<br>Data Collection Form            | (e)                                 |                    |                    |                                 |                           |                            | PCC                                  | FCC Form 481<br>OMB Control No. 3060-( | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819 | , 3060-0819  |
|--------------------------|--|---|-------------------------------------|--------------------|--------------------|---------------------------------|---------------------------|----------------------------|--------------------------------------|--|---|--------------|
|                          |  |   |                                     |                    |                    |                                 |                           |                            | line                                 |  |   |              |
| <010>                    | Study Area Code                                | ode   |                                     |                    |                    | 452173                          |                           |                            |                                      |  |   |              |
| <015>                    | Study Area Name                                | ame   |                                     |                    |                    | TOHONO O'ODHAM UTIL.            | HAM UTIL.                 |                            |                                      |  |   |              |
| <020>                    | Program Year                                   |   |                                     |                    |                    | 2015                            |                           |                            |                                      |  |   |              |
| <030>                    | Contact Name                                   | Contact Name - Person USAC should contact regarding this data             | should contac                       | t regarding this   | data               | Mike Bethurem                   | em                        |                            |                                      |  |   |              |
| <035>                    | Contact Telep                                  | Contact Telephone Number - Number of person identified in data line <030> | Number of pe                        | rson identified    | in data line <0    | 30> 5203835811 ext              | ext.                      |                            |                                      |  |   |              |
| <039>                    | Contact Emai                                   | Contact Email Address - Email Address of person identified in data line   | I Address of pe                     | rson identified    | in data line <0.   | <030> Mike.Bethur               | Mike.Bethurem@hq.toua.net |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    |                                 | ,                         |                            |                                      | ,                                      |   |              |
| <077>                    | \chio  | <   | <70>                                | <                  | <04>               | <ci>&gt;</ci>                   | <77>                      |                            | <6>                                  | Ct>                                    | <g>&gt;</g>   | <u>&gt;</u>  |
|                          | Reference<br>Number                            | Outage Start<br>Date  | Outage Start Outage Start Date Time | Outage End<br>Date | Outage End<br>Time | Number of<br>Customers Affected | J.                        | 911 Facilities<br>Affected | Service Outage<br>Description (Check | Affect Multiple<br>Study Areas         | Service Outage  | Preventative |
|                          |  |   |                                     |                    |                    |                                 | Customers                 | (Yes / No)                 | all that apply)                      | (Yes / No)                             | Resolution  | Procedures   |
|                          |  |   |                                     |                    |                    |                                 |                           |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    |                                 |                           |                            |                                      |  |   |              |
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|                          |  |   |                                     |                    |                    |                                 |                           |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    | 5                               | See attached              |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    | OW                              | workshoot                 |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    |                                 | 10011001                  |                            |                                      |  |   |              |
|                          |  |   |                                     |                    |                    |                                 |                           |                            |                                      |  |   |              |
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|                          |  |   |                                     |                    |                    |                                 |                           |                            |                                      |  |   |              |

| (700) Pric | ce Offerings in | (700) Price Offerings including Voice Rate Data                               | Data              |                        |                                   |                              | 5                           | FCC Form 481   |   |
|------------|-----------------|---|-------------------|------------------------|-----------------------------------|------------------------------|-----------------------------|--|---|
| Data Coll  | lection Form    |   |                   |                        |                                   |                              | nr<br>Nr                    | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 | . Control No. 3060-0819                 |
| <010>      | Study Area Code | ode   |                   |                        | 452173                            |                              |                             |  |   |
| <015>      | Study Area Name | ame   |                   |                        | TOHONO O'ODHAM UTIL               | DHAM UTIL.                   |                             |  |   |
| <020>      | Program Year    |   |                   |                        | 2015                              |                              |                             |  |   |
| <030>      | Contact Name    | Contact Name - Person USAC should contact regarding this data                 | l contact regardi | ng this data           | Mike Bethurem                     | rem                          |                             |  |   |
| <032>      | Contact Telep   | Contact Telephone Number - Number of person identified in data line <030>     | er of person ide  | ntified in data line < |                                   | ext.                         |                             |  |   |
| <039>      | Contact Email   | Contact Email Address - Email Address of person identified in data line <030> | ess of person ide | ntified in data line < |                                   | Mike.Bethurem@hg.toua.net    |                             |  |   |
| <701>      | Residential Lo  | Residential Local Service Charge Effective Date                               | ective Date       | 1/1/                   | 1/1/2014                          |                              |                             |  |   |
| <702>      | Single State-w  | Single State-wide Residential Local Service Charge                            | Service Charge    |                        |                                   |                              |                             |  |   |
| <703>      | <a1></a1>       | <a2></a2>   | <a3></a3>         | b1>                    | <                                 | <                            | <br>                        | <  | \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
|            | State           | Exchange (ILEC)   | SAC (CETC)        | Rate Type              | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area<br>Service Charge                        | Total per line Rates and Fees           |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
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|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        | See at                            | See attached worksheet       |                             |  |   |
|            |                 |   |                   |                        | 5<br>)<br>)                       |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
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|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |
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|            |                 |   |                   |                        |                                   |                              |                             |  |   |
|            |                 |   |                   |                        |                                   |                              |                             |  |   |

| (710) Bro   | (710) Broadband Price Offerings |   |                      |                           |                     |   | FCC Form 481                               | 481                     |   |   |
|-------------|---------------------------------|---|----------------------|---------------------------|---------------------|---|--|-------------------------|---|---|
| Data Col    | Data Collection Form            |   |                      |                           |                     |   | OMB Cont<br>July 2013                      | trol No. 3060-0986/0    | OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013           | 6 |
| <010>       | Study Area Code                 |   |                      | 452173                    |                     |   |  |                         |   |   |
| <015>       | Study Area Name                 |   |                      | TOHONO O'ODHAM UTIL       | UTIL.               |   |  |                         |   |   |
| <020>       |                                 |   |                      | 2015                      |                     |   |  |                         |   |   |
| <030>       | l                               | Contact Name - Person USAC should contact regarding this data                 | s data               | Mike Bethurem             |                     |   |  |                         |   |   |
| <032>       |                                 | Contact Telephone Number - Number of person identified in data line <030>     | in data line <030>   | 5203835811 ext.           |                     |   |  |                         |   |   |
| <039>       |                                 | Contact Email Address - Email Address of person identified in data line <030> | d in data line <030> | Mike.Bethurem@hg.toua.net | hq.toua.net         |   |  |                         |   |   |
| ,<br>,<br>, |                                 | £ = 1   | 2647                 | , C 1/                    | *                   | , pr  | , Che,                                     | , C.P.                  | 7 7 7   |   |
| 11/         | <tp></tp>                       | <7P>  | <0.07                | <70>                      | <c></c>             | <0.07   | <70>                                       | <0.3>                   | <04>>   | - |
|             | State                           | Exchange (ILEC)   | Residential Rate     | State Regulated<br>Fees   | Total Rate and Fees | Broadband Service -<br>Download Speed<br>(Mbps) | Broadband Service -<br>Upload Speed (Mbps) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken When<br>Limit Reached { <i>select</i> } |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      | - See attached            | pad                 |   |  |                         |   |   |
|             |                                 |   |                      | workshoot                 |                     |   |  |                         |   |   |
|             |                                 |   |                      | WOINSHIEEL                |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |
|             |                                 |   |                      |                           |                     |   |  |                         |   |   |

| FCC Form 481              | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |                       |                     |                    |   |                 |   |   |  | <83>      | Doing Business As Company or Brand Designation |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------|--|-----------------------|---------------------|--------------------|---|-----------------|---|---|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                           |  |                       | UTIE.               |                    |   |                 | <pre>%hq.toua.net</pre>   |   |  | <a2></a2> | SAC  |  |  |  |  |  |  |  |  |  |  |  |  |
|                           |  | 452173                | TOHONO O'ODHAM UTIL | 2015               | Mike Bethurem   | 5203835811 ext. | Mike.Bethurem@hg.toua.net   |   |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (800) Operating Companies | Data Collection Form   | <010> Study Area Code |                     | <020> Program Year | <030> Contact Name - Person USAC should contact regarding this data |                 | <039> Contact Email Address - Email Address of person identified in data line <030> | <pre>&lt;810&gt; Reporting Carrier Tohono O'odham Utility Authority</pre> |  | <813>     | Affiliates                                     |  |  |  |  |  |  |  |  |  |  |  |  |

| (900) Tr | (900) Tribal Lands Reporting   | FCC Form 481   |
|----------|--|--|
| Data Co  | Data Collection Form   | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>    | Study Area Code  | 452173   |
| <015>    | Study Area Name  | TOHONO O'ODHAM UTIL.   |
| <020>    | Program Year   | 2015   |
| <030>    |  | Mike Bethurem  |
| <032>    |  | )30> 5203835811 ext.   |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>                | 030> Mike.Bethurem@hg.toua.net                                   |
|          |  | Tohono O'odham Tribe   |
| <910>    | Tribal Land(s) on which ETC Serves   |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  |  |
|          |  | AE21173=2020 vdf   |
|          |  | 45ZI/38ZYJ.pai   |
| <920>    | Tribal Government Engagement Obligation  |  |
|          | ı  | Name of Attached Document  |
| If your  | If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes         |  |
| 10.01    | to confirm the status described on the attached documents), on the 920,                      | Select   |
| § 54.3   | demonstrates continuation with the findal government pursuant to<br>§ 54.313(a)(9) includes: | (Yes,No,   |
| /021/    | Needs assessment and denlowment nlanning with a foots on Tribal                              | 1VA)   |
| 1        | community anchor institutions.   |  |
| <925>    |  | Yes  |
| <923>    | Marketing services in a culturally sensitive manner;   | Yes  |
| <924>    | Compliance with Rights of way processes  | Yes  |
| <925>    | Compliance with Land Use permitting requirements   | Yes  |
| <926>    | Compliance with Facilities Siting rules  | Yes  |
| <927>    | Compliance with Environmental Review processes   | Yes  |
| <928>    |  | Yes  |
| <929>    | Compliance with Tribal Business and Licensing requirements.                                  | Yes  |

| (1100) N | (1100) No Terrestrial Backhaul Reporting  | FCC Form 481              |
|----------|---|---------------------------|
| Data Co  |   | July 2013                 |
| <010>    | Study Area Code   | 452173                    |
| <015>    | Study Area Name   | TOHONO O'ODHAM UTIL.      |
| <020>    | Program Year  | 2015                      |
| <030>    | Contact Name - Person USAC should contact regarding this data   | Mike Bethurem             |
| <032>    | Contact Telephone Number - Number of person identified in data line <030>   | 5203835811 ext.           |
| <039>    | Contact Email Address - Email Address of person identified in data line <030>   | Mike.Bethurem@hg.toua.net |
| <1120>   | Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)  |                           |
| <1130>   | Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |
|          |   |                           |

| (1200) T                             | (1200) Terms and Condition for Lifeline Customers   | FCC Form 481   |
|--------------------------------------|---|--|
| Lifeline<br>Data Col                 | Lifeline<br>Data Collection Form  | OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
| <010>                                | Study Area Code   |  |
| <015>                                | Study Area Name   | TOHONO O'ODHAM UTIL.   |
| <020>                                | Program Year  |  |
| <030>                                | e - Person USAC should contact regarding this data  | #ike Bethurem  |
| <032>                                | Contact Telephone Number - Number of person identified in data line <030> 520383  | 5203835811 ext.  |
| <039>                                | Contact Email Address - Email Address of person identified in data line <030> MIKE.B  | Mike.Bethurem@hq.toua.net  |
|                                      | 452173az1210.pdf  | 210.pdf  |
|                                      |   |  |
| <1210>                               | <1210> Terms & Conditions of Voice Telephony Lifeline Plans   |  |
|                                      |   | Many of Attended Decimonst                                       |
|                                      |   | Name of Attached Document  |
| <1220>                               | Link to Public Website  |  |
|                                      |   |  |
| "Please of or the w                  | "Please check these boxes below to confirm that the attached document(s), on line 1210,<br>or the website listed, on line 1220, contains the required information pursuant to |  |
| § 54.422(a)(2) a<br>annually report: | § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:   |  |
| <1221>                               | Information describing the terms and conditions of any voice \[ \subset \] telephony service plans offered to Lifeline subscribers,   |  |
| <1222>                               | Details on the number of minutes provided as part of the plan,  |  |
| <1223>                               | Additional charges for toll calls, and rates for each such plan.  |  |
|                                      |   |  |

| Study Area Code   Study Area   | (2000) Price Cap Carrier Additional Documentation<br>Data Collection Form   | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819  |
|--|---|--|
| De Study Area Code  Study Area Code  Study Area Name  Contact Person USAC should contact regarding this data  Contact trial Address - Email Address of person identified in data line - 4330- 1420-1420-1420-1420-1420-1420-1420-1420-   | arriers affillated with Price Cap Local Exchange Carriers   | July 2013  |
| Study Area Name   2015   |   |  |
| Price Early Land Address - Email Address of person identified in data line - C130 - State and the Contact Email Address - Family Address of person identified in data line - C130 - State and the Contact Email Address - Family Address of person identified in data line - C130 - State and the State  |   |  |
| Contact Name: Person USAC Should context regarding this data     Contact Name: Person USAC Should context regarding this data     Contact Name: Person USAC Should context regarding this data line <1300  |   |  |
| Contact Telephone Number - Number of person identified in data line -GSDs - E203335811 ext.  Contact Telephone Number - Number of person identified in data line -GSDs - Interemental Contact Final Address - Email Address of person identified in data line -GSDs - Interemental Contact Final Address - Email Address of person identified in data line -GSDs - Interemental Contact Final Address - Email Address of person identified in data line -GSDs - Interemental Contact America Phase I reporting support as set forth in 47 CFR § 54.313(b)(1), e) the information reported on this form and in the documents attached below is accurate.  Interemental Contact America Phase I reporting  |   |  |
| Contact Email Address - Email Address of person identified in data line 403D0 Nitke 3 Bet havenmistor, toors net  The boxes below to note compliance as a recipient of incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, and Connect America Phase I reporting  Incremental Connect America Phase I reporting  And Vear Certification (47 CR § 54.313(b), (1), (4), (4) the information reported on this form and in the documents attached below is accurate.  Price Cap Carrier Receiving Frozen Support Certification  And The State Support Certification  Price Cap Carrier Connect America (C Support (47 CR § 54.313(a)))  Frice Cap Carrier Connect America (C Support (47 CR § 54.313(a)))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  And Proceed Support Certification  Price Cap Carrier Connect America (C Support (47 CR § 54.313(a))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  And Proceed Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  And Proceed Support Certification  Price Cap Carrier Connect America (67 CR § 54.313(a))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  Certification Support Used to Build Broadband  Connect America Phase II Reporting (47 CR § 54.313(a))  Price Cap Carrier Connect America Phase II Report of CAF Phase II Support Shall Provide the number, names, and purport Shall Provide the number, names, and purport | <030> 5203835811  |  |
| the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support to offset access charge reductions, and Connect America Phase I support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.  Incremental Connect America Phase I reporting  2nd Year Certification (47 CFR § 54.313(b),(1))  Price Cap Carrier Receiving Frozen Support Certification  2015 Frozen Support Certification  2015 Frozen Support Certification  2015 Frozen Support Certification  Price Cap Carrier Receiving Frozen Support Certification  Price Cap Carrier America Phase II Reporting (47 CFR § 54.313(e))  Price Cap Carrier Connect America Phase II Reporting (47 CFR § 54.313(e))  Connect America Phase II Reporting (47 CFR § 54.313(e))  Stry var Broadband Service Certification  Interim Progress Certification  Price Cap Carrier Confirm that the attached document(s), on line 2021, contains the required information  Price Cap Carrier Confirm that the attached document(s) in Price Cap Carrier Confirm that the attached document(s) in Price Cap Carrier Cap Carrier Confirm that the attached document(s) in Price Cap Carrier Cap Carrier Cap Carrier Confirm that the attached document(s) in Price Cap Carrier Cap Cap Carrier Cap Cap Carrier Cap  | <030>   |  |
| Pric<br>Con  | note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this funct America Phase I reporting  Certification {47 CFR § 54.313(b)(1)}  | upport, High Cost support to offset access charge reductions, and Connect America Phase II mand in the documents attached below is accurate.   |
| Pric<br>Con  | Certification {47 CFR § 54.313{b}(2}}   |  |
| Pric   | r Receiving Frozen Support Certification {47 CFR § 54.312(a)}   |  |
| Pric   | zen Support Certification   |  |
| Pric   | zen Support Certification   |  |
| Pric   | zen Support Certification<br>I fiiture Frozen Support Certification   |  |
| Pric<br>Con  |   | ]  |
| Con  | r Connect America ICC Support {47 CFR § 54.313(d)}<br>ion Support Used to Build Broadband   |  |
|  | a Phase II Reporting {47 CFR § 54.313(e)} oadband Service Certification oadband Service Certification gress Certification   |  |
| addresses of community anchor institutions to which began providing access to broadband service in the<br>preceding calendar year.   | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | ormation [[[]]] and the said t |
| <2021> Interim Progress Community Anchor Institutions  | rogress Community Anchor Institutions   |  |
| Name of Attached Document Listing Required Information   |   | Vame of Attached Document Listing Required Information   |

|  | DEDACTED FOR DUBLIC INFORMATION                     |
|--|---|
|  | INCOMO LED I ON I OBEIO INOI ECTION                 |
| (3000) Rate Of Return Carrier Additional Documentation | FCC Form 481  |
| Data Collection Form                                   | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|  | July 2013   |
|  |   |

| <010>  |  | 452173   |
|--------|--|--|
| <0.15> |  | TOBIONO O'ODHAM UTIL.  |
| <020>  | Program Year   | - 1  |
| <030>  | Contact Name - Person USAC should c  | 븬  |
| <035>  |  | 5203835811 ext.  |
| ×600>  | COTIGACE ETITAL AUGUESS - ETITAL AUGUESS OF PETSOTT DETICTIED III DATA IIITE SUSUS   | Mike Bethuremøhd, toua, net  |
| СНЕСК  | the boxes below to note compliance on its five year service quality plan (pursuand<br>CRR 8 54.333ff(2). I further cerify that the   | CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.202(a)) and the documents attached below is accurate.   |
|        |  |  |
| (3010) | Progress Report on 5 Year Plan Milotebook Confilmation 197 CE & 6.4 3424(41/11)  |  |
|        | Ė  | Name of Attached Document Listing Required Information   |
| (3011) | Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | 2 contains the required information pursuant to ses of community anchor institutions to which began  |
| (3012) | Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii)}  |  |
| (3013) | Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2)) If yes, does your company file the RUS annual report  | Name of Attached Document Listing Required Information (Yes/No) (OF) (Yes/No) (Yes/N |
| Please | check these boxes to confirm that the attached document(s), on line 3017,  | check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54,313(i)(2) compliance requires:  |
| (3015) | Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  |  |
| (3016) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  452   | Flows #52173az3017.pdf   |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required documentation  | •  |
| (0100) |  | Name of Attached Document Listing Required Information   |
| (3018) |  |  |
| (3019) | If the response is yes on line 3018, pl<br>confirm your submission, on line 3028<br>Èither a copy of their audited financia  | ease check the boxes below to 5 pursuant to § 54.313(f)(2), contains some comparable to RUS Operating Report for Telecommunications [[   |
| (3020) | Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | h Flows  |
| (3021) | Management letter issued by the independent certified public accountant that performed the company's financial audit.  | rformed the company's financial audit.   |
|        | If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313(f)(2), contains:   |  |
| (3022) | Copy of their financial statement which has been subject to review by an independent certified public accountant, or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications   |  |
| (3023) |  |  |
| (3024) | public accountant Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  | Flows  |
| (3026) | Attach the workcheet liting required information   |  |
| (a)    |  |  |
|        | J  | Name of Attached Document Listing Required Information   |

|           | Certification - Reporting Carrier | FCC Form 481  |
|-----------|-----------------------------------|---|
| July 2012 | Data Collection Form              | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| July 2013 |                                   | July 2013   |

| <010> | Study Area Code   | 452173                    |
|-------|---|---------------------------|
| <015> | Study Area Name   | TOHONO O'ODHAM UTIL.      |
| <020> | Program Year  | 2015                      |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bethurem             |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5203835811 ext.           |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Mike.Bethurem@hq.toua.net |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Signature of Authorized Officer:

Date

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier:

Filing Due Date for this form:

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

|       | tion - Agent / Carrier<br>lection Form  | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 |
|-------|---|--|
| <010> | Study Area Code   | 452173   |
| <015> | Study Area Name   | TOHONO O'ODHAM UTIL.   |
| <020> | Program Year  | 2015   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Mike Bethurem  |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 5203835811 ext.  |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | Mike.Bethurem@hq.toua.net  |

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an   | Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |
|--|---|
| I certify that (Name of Agent) <u>James Bethurem</u> also certify that I am an officer of the reporting carrier; my responsi agent; and, to the best of my knowledge, the reports and data provi | is authorized to submit the information reported on behalf of the reporting carrier. I bilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ded to the authorized agent is accurate. |
| Name of Authorized Agent: James Bethurem   |   |
| Name of Reporting Carrier: TOHONO O'ODHAM UTIL.  |   |
| Signature of Authorized Officer: CERTIFIED ONLINE  | Date: 06/30/2014  |
| Printed name of Authorized Officer: James Bethurem   |   |
| Title or position of Authorized Officer: General Manager   |   |
| Telephone number of Authorized Officer: 5203832236 ext.  |   |
| Study Area Code of Reporting Carrier: 452173   | Filing Due Date for this form: 07/01/2014   |
| , 9  | d by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment itle 18 of the United States Code, 18 U.S.C. § 1001.  |

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipient  | s on Robalf of Poportin | ng Carrior                         |
|---|-------------------------|------------------------------------|
| cerunication of Agent Authorized to file Annual Reports for CAF of the Recipient  | s on Benan of Reporti   | ig Carrier                         |
| , as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support re<br>the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information | •                       |                                    |
| Name of Reporting Carrier: TOHONO O'ODHAM UTIL.   |                         |                                    |
| Name of Authorized Agent or Employee of Agent: John Staurulakis, Inc.   |                         |                                    |
| ignature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE   | Date:                   | 06/30/2014                         |
| rinted name of Authorized Agent or Employee of Agent: Cassandra Heyne   |                         |                                    |
| Title or position of Authorized Agent or Employee of Agent Consultant   |                         |                                    |
| elephone number of Authorized Agent or Employee of Agent: 3014597590 ext.   |                         |                                    |
| itudy Area Code of Reporting Carrier: 452173 Filing Due Date for this form: 07/01/20  | 14                      |                                    |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 193 18 of the United States Code, 18 U.S.C. § 1001.  |                         | r fine or imprisonment under Title |

Attachments

### TOHONO O'ODHAM UTILITY AUTHORITY (SAC 452173) ATTACHMENT - LINE 112 FIVE YEAR SERVICE QUALITY IMPROVEMENT PLAN ATTACHMENT REDACTED IN ENTIRETY

| 1975   Stay Avine Color   1975   Stay Avin   | (200) Service Outage<br>Data Collection Form | (200) Service Outage Reporting (Voice)<br>Data Collection Form | orting (Ve  | oice)          |             |                    |           |                   |                                       | FCC Form 481<br>OMB Control N<br>July 2013 | FCC Form 481<br>OMB Control No. 3060-0986/OMB Control No. 3060-0819<br>July 2013 | rol No. 3060-0819 |
|--|--|--|-------------|----------------|-------------|--------------------|-----------|-------------------|---------------------------------------|--|--|-------------------|
| Program View   Program     |  | Study Area Code  | 21          |                |             |                    |           | 152173            |                                       |  |  |                   |
| Contact Name -   |  | Study Area Nam   | е           |                |             |                    |           | TOHONO 0'0        | DHAM UTIL.                            |  |  |                   |
| Contract Temperore Number of Decorate Energy (1992)   Contract Energy (199   |  | Program Year   |             |                |             |                    |           | 2015              |                                       |  |  |                   |
| Contact Telephone Number of Parcon Identified in data line 4-280.   All Address Camily    |  | Contact Name -   | Person US   | AC should cor  | tact regar  | ding this data     |           | Mike Bethu        | rem                                   |  |  |                   |
| Combat Firmal Address of preson identified in citatal inter 400b   Nixt. Interneting trains above   Compate Firmal Address of preson identified in citatal inter 400b   Nixt. Interneting   Compate Firmal Address of preson identified   Compate Firmal Address of presentation   Compate Firmal Addr   |  | Contact Telepho  | ne Numbe    | er - Number oi | person id   | entified in data l |           | 5203835811        | ext.                                  |  |  |                   |
| Columbia    |  | Contact Email A  | ddress - En | nail Address o | f person id | entified in data   |           | Mike.Bethu        | rem@hg.toua.net                       |  |  |                   |
| Outge Star Start Course End End Time Outge Course C | <2220>                                       | 1,<br>4  | 4           | 4              | 1,          |                    | ć         | 4                 | ţ                                     | 4  | ţ  | į                 |
| The following Star Start Outgage End End Customers Number of Total Scriptor Description (Deck) Start Outgage End End Customers Number of Affected Customers Numbe | <b>⟨₽</b> ⟩                                  | <10>   | <70>        | <03>           | <045        | L                  | <72>      |                   | <e>&gt;</e>                           |  |  | ^U>               |
| Outge Start Start Outge End Customers Number of Affected Outge Start Start Outge End End Customers (Nex / No) all that apply) (Nex / No) all that apply (Nex / No) all that ap | NORS   |  |             |                |             |                    |           | 911<br>Facilities | Service Outage                        | Did This Outage<br>Affect Multiple         |  |                   |
|  | Number                                       |  |             | Outage End     |             | Customers          |           | Affected          | Description (Check<br>all that apply) | Study Areas                                | Service Outage   | Preventative      |
|  |  | Date   | e<br>E      | Date           | a<br>E      | Апестед            | Customers | (Yes / No)        | 11-11-11-11-11                        | (res / NO)                                 | Kesolution   | Procedures        |
|  |  |  |             |                |             |                    |           |                   |                                       | _  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
|  |  |  |             |                |             |                    |           |                   |                                       |  |  |                   |
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### **Certification for TOUA**

Demonstration of Compliance with Applicable Service Quality Standards and Consumer Protection Rules:

In establishing this certification in its 2005 ETC Order,<sup>1</sup> the FCC found that an ETC must make "a specific commitment to objective measures to protect consumers." <sup>2</sup> The Commission found that for wireless ETCs, compliance with CTIA's Consumer Code for Wireless Service would satisfy this requirement" and that the sufficiency of other commitments would be considered on a case-by-case basis. <sup>3</sup> In this context, the FCC stated, "to the extent a wireline or wireless ETC applicant is subject to consumer protection obligations under state law, compliance with such laws may meet our requirement." <sup>4</sup>

Tohono O'Odham Utility Authority ("TOUA" or the "Company") hereby certifies that it is complying with applicable service quality standards and consumer protection rules. As a tribally owned company, TOUA operates under the service quality standards and customer protections that are established by its Board of Directors, which is comprised of tribal members and utility business professionals. The Board receives monthly reports on outages, held orders and complaints. The topics are discussed as appropriate for each report.

<sup>&</sup>lt;sup>1</sup> Federal-State Joint Board on Universal Service, CC Docket No. 96-45, Report and Order, FCC 05-46 (rel. Mar. 17, 2005) ("2005 ETC Order").

<sup>&</sup>lt;sup>2</sup> *Id.* at para. 28.

<sup>&</sup>lt;sup>3</sup> *Id.* The FCC noted that under the CTIA Consumer Code, wireless carriers agree to: "(1) disclose rates and terms of service to customers; (2) make available maps showing where service is generally available; (3) provide contract terms to customers and confirm changes in service; (4) allow a trial period for new service; (5) provide specific disclosures in advertising; (6) separately identify carrier charges from taxes on billing statements; (7) provide customers the right to terminate service for changes to contract terms; (8) provide ready access to customer service; (9) promptly respond to consumer inquiries and complaints received from government agencies; and (10) abide by policies for protection of consumer privacy." *Id.* at n. 71.

Although TOUA is not under the jurisdiction of any state commission, the Company has developed a Local Exchange Tariff which contains consumer protection standards which are similar to those required by state commissions for the telecommunications carriers that are under state jurisdiction. Other obligations include, but are not limited to, truth-in-billing requirements; and CPNI, Red Flag Rules and other applicable federal requirements governing the protection of customers' privacy.

The Company is subject to consumer protection obligations for broadband services under federal law. These obligations include, but are not limited to, the following: public disclosure of accurate information regarding network management practices, performance, and commercial terms of broadband internet access services; as a means of providing sufficient information for consumers to make informed choices regarding use of such services, and for content, application, service and device providers to develop, market, and maintain internet offerings as specified in F.C.C. 47 C.F.R. Part 8 §8.3.

### **Certification for TOUA**

### **Demonstration of Ability to Function in Emergency Situations**

Tohono O'Odham Utility Authority ("TOUA" or "Company") hereby certifies that it is able to function in emergency situations as set forth in §54.201(a)(2). The Company's voice and broadband network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2). The Company can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow the Company to manage traffic spikes throughout its network, as emergency situations require.

Specifically, each central office building is supplied with standby generators that enable the central office to keep running until power is restored so long as fuel is available, or until system changes are made to reroute traffic. TOUA's local network consists of three exchanges and a fiber optic and microwave backbone to Tucson, Arizona where it connects with Qwest. TOUA has a limited ability to reroute traffic around damaged facilities and has a restoration plan in place to restore any disruption in service expeditiously.

Section 54.201(a)(2) requires ETCs that are designated by the Commission to "demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."

| (700) Pr | ice Offering:        | (700) Price Offerings including Voice Rate Data  | ata              |                         |                                   |                              | S 6                          | FCC Form 481   |                               |
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| <010>    | Study Area Code      | Code   |                  |                         | 452173                            |                              |                              |  |                               |
| <015>    | Study Area Name      | Name   |                  |                         | TOHONO O'ODHAM UTIL               | DHAM UTIL.                   |                              |  |                               |
| <020>    | Program Year         | ear  |                  |                         | 2015                              |                              |                              |  |                               |
| <030>    |                      | Contact Name - Person USAC should contact regarding this data  | contact regarc   | ling this data          | Mike Bethurem                     | rem                          |                              |  |                               |
| <035>    |                      | Contact Telephone Number - Number of person identified in data line <030>                            | er of person ide | entified in data line < | .030> 5203835811 ext.             | ext.                         |                              |  |                               |
| <039>    |                      | Contact Email Address - Email Address of person identified in data line <030>                        | ss of person id  | entified in data line < |                                   | Mike.Bethurem@hg.toua.net    |                              |  |                               |
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|          | State                | Exchange (ILEC)  | SAC (CETC)       | Rate Type               | Residential Local<br>Service Rate | State Subscriber Line Charge | State Universal Service Fee  | Mandatory Extended Area<br>Service Charge                          | Total per line Rates and Fees |
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| (710) Broadband Price Offerings | FCC Form 481  |
|---------------------------------|---|
| Data Collection Form            | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|                                 | July 2013   |
|                                 |   |

| <010> | Study Area Code | ) Code  |                       |   | 452173                      |                                       |   |                         |  |
|-------|-----------------|---|-----------------------|---|-----------------------------|---------------------------------------|---|-------------------------|--|
| <015> | Study Area Name | Name  |                       |   | TOHONO O'ODHAM UTIL.        | UTIL.                                 |   |                         |  |
| <020> | Program Year    | ear   |                       |   | 2015                        |                                       |   |                         |  |
| <030> |                 | Contact Name - Person USAC should contact regarding this data             | ld contact regarding  | this data   | Mike Bethurem               |                                       |   |                         |  |
| <032> |                 | Contact Telephone Number - Number of person identified in data line <030> | ber of person identif | ied in data line <030>  | . 5203835811 ext.           |                                       |   |                         |  |
| <039> |                 | Contact Email Address - Email Address of person identified in data line   | ress of person identi | fied in data line <030>   | > Mike.Bethurem@hg.toua.net | ıq.toua.net                           |   |                         |  |
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|       | State           | Exchange (ILEC)   | Residential<br>Rate   | State Regulated<br>Fees   | Total Rates<br>and Fees     | Broadband Service -<br>Download Speed | Broadband Service - Broadband Service  Download Speed -Upload Speed (Mbps) (GB) | Usage Allowance<br>(GB) | Usage Allowance<br>Action Taken                          |
|       |                 |   |                       |   |                             | (Mbps)                                |   |                         | When Limit Reached {select}                              |
|       | AZ              | Al1   | 56.95                 | 0.0   | 56.95                       | 4.0                                   | 1.0   | 0.0                     | Other, No usage allowance; price $w/\ 1$ yr contract     |
|       | AZ              | All   | 72.95                 | 0.0   | 72.95                       | 6.0                                   | 1.0   | 0.0                     | Other, No usage allowance; price w/ 1 $\rm yr\ contract$ |
|       | AZ              | A11   | 129.95                | 0.0   | 129.95                      | 12.0                                  | 1.0   | 0.0                     | Other, No usage allowance; price w/ 1 vr contract        |
|       | AZ              | A11   | 42.71                 | 0.0   | 42.71                       | 4.0                                   | 1.0   | 0.0                     | Other, No usage allowance, price w/ $^3$ yr contract     |
|       | AZ              | All   | 54.71                 | 0.0   | 54.71                       | 6.0                                   | 1.0   | 0.0                     | Other, No usage allowance, price w/ 3 yr contract        |
|       | AZ              | All   | 97.46                 | 0.0   | 97.46                       | 12.0                                  | 1.0   | 0.0                     | Other, No usage allowance, price w/ 3 yr contract        |
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### Tohono O'odham Utility Authority 2013 Tribal Government Engagement Report

The Tohono O'odham Utility Authority ("TOUA") is an enterprise of the Tohono O'odham Tribe ("Tribe"), established by the Tribe's Legislative Council in 1970, by Resolution No. 18-70 approving the Plan of Operation for TOUA.

TOUA currently operates in accordance with the requirements of the Second Restated Plan of Operation ("Plan of Operation"), approved by the Tribe's Legislative Council, by Resolution No. 328-90. The Plan of Operation defines TOUA's purpose and establishes a Management Board to direct the purpose, subject to applicable laws and regulations of the Tribe. In accordance with the Plan of Operation, The Management Board consists of seven Directors, three of which are required to be members of the Tribe. The other four Directors must have business management experience and three of them must have experience in management and operations of a utility business.

The Plan of Operation empowers that Management Board to establish business plans to provide utility services to the Tribe, within the boundaries of the reservation, to establish policies, rules and regulations for service. It also empowers the Management Board to adopt rates and charges for utility services and requires a public hearing on rates and charges if requested by petition, filed by five percent (5%) of the affected customers.

The Plan of Operation grants TOUA, subject to all applicable federal laws and the laws of the Tribe, the right to use any franchise, right, permit, privilege, easement or right of way standing in the name of or granted to the Tribe in conjunction with the utility systems, lines or facilities furnishing, electric, gas, water, sewer, telephone or cellular service.

The Plan of Operation requires that the Chairperson of the Management Board and the General Manager appear before the Tribes Legislative Council to make an annual report. The presentation before the Legislative Council is broadcast over the Tribes radio station. TOUA's annual report provides information on the previous year's operations, including both financial and operational statistics. It also provides information on capital improvement projects that were completed and information on plans for the current year. As a part of the annual report, the General Manager responds to questions about the information provided in annual report and also addresses Council members concerns and questions about service issues and strategic planning issues.

In addition General Manager makes a separate presentation of the annual report to the Chairman and Vice Chairman of the Tribe during which they discuss service and planning concerns. Within the governance structure of the Tribe, the Legislative Council has various committees which have responsibility of oversight for various tribal departments and the Tribes enterprises. The purpose and membership of each committee is established by action of the Legislative Council and the committee membership is comprised of Legislative Council members. The Legislative Council Commerce Committee has oversight responsibilities for TOUA. The General Manager also meets independently with the Commerce Committee to present TOUA's annual report and discuss concerns share plans for the next year.

Throughout the year TOUA management meets with and coordinates planning and operational activities with various departments of the Tribe, as needed or required by tribal law and regulations. TOUA regularly works with the Tribes Reality Office on easement issues; collaborates with the Planning and Economic Development Department in developing economic development plans; Department of Information and Technology to address plans and service requirements for the Tribe's government offices, public safety and fire departments. TOUA also

works with the educational facilities on the reservation to develop telephone and broadband services needed to fulfill their requirements and improve the educational opportunities.

TOUA has a Public Relations staff person that is a member of the Tribe that helps to develop all promotional marketing material addressing any cultural sensitive issues. TOUA has 111 full time employees and over 80% are Native Americans and or members of the Tribe. The telephone Department has 32 employees, all of which are Native American.

### TOHONO O'ODHAM UTILITY AUTHORITY

Highway 86, P.O. Box 816 Sells, Arizona 85634-0816

### **LINK UP TERMS AND CONDITIONS**

### TRIBAL LINK UP

### General

Tribal Link Up is a program designed to increase the availability of telecommunications services to low income subscribers residing on federally recognized Tribal lands by providing a credit to the non-recurring installation and service charges to qualifying residential subscribers.

### Regulations

- A. Customers eligible under Tribal Link Up are also eligible for monthly recurring assistance under the Tribal Lifeline program following.
- B. One Tribal Link Up connection assistance is available per household and is applicable to the primary residential connection only.
- C. The Tribal Link Up credit is available a second or subsequent time only for otherwise qualifying commencement of telecommunications service at a principal place of residence with an address different from the address for which Tribal Link Up assistance was provided previously.
- D. To receive the credit, proof of eligibility must be provided prior to installation of service.
- E. The total tariffed charges for connecting service, including service and any other applicable installation charges, are considered in the credit calculation.

### **Eligibility**

- A. To be eligible for a Tribal Link Up credit, in addition to meeting the tribal land residency requirement, the customer, a dependent, or a member of the household must be a current recipient of any of the following low income assistance programs.
  - Temporary Assistance to Needy Families (TANF) or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)
  - 2. Supplemental Security Income (SSI)
  - 3. Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance
  - 4. Medicaid or Arizona Healthcare Cost Containment System
  - 5. Low-Income Home Energy Assistance Plan (LIHEAP)
  - 6. Federal Public Housing Assistance or Section 8
  - 7. National School Lunch Program's free lunch program
  - 8. BIA (Bureau of Indian Affairs) General Assistance

### TOHONO O'ODHAM UTILITY AUTHORITY

Highway 86, P.O. Box 816 Sells, Arizona 85634-0816

### TRIBAL LINK UP (Cont'd)

### Eligibility (Cont'd)

- 9. Tribally administered Temporary Assistance for Needy Families (TANF)
- 10. Head Start Program (income eligible)
- 11. Food Distribution Program on Indian Reservations
- B. Additionally, customers not receiving benefits under one of the preceding programs, and whose household's total gross annual income does not exceed one hundred and thirty-five percent (135%) of the Federal Poverty Guidelines, meet the requirements for eligibility.
- C. All applications for service are subject to verification of the qualifying program.

### Certification

- A. Proof of eligibility in any of the qualifying low income assistance programs should be provided by the eligible Tribal Link Up subscriber to the Company at the time of application for service. The Tribal Link Up credit will not be established until the Company has received proof of eligibility. If the customer requests installation without proof of eligibility, the requested service will be provided without the Tribal Link Up credit.
- B. Each Tribal Link Up subscriber must provide documentation of income-based or program-based eligibility and certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program, and must on that same document, agree to notify the Company if s/he ceases to participate in the program(s) or to meet income eligibility requirements. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- C. The use or disclosure of information concerning enrollees will be limited to purposes directly connected with the administration of the Tribal Link Up program.

### Credit

- A. The federal credit available for a Tribal Link Up connection is a one hundred percent (100%) reduction, up to one hundred dollars (\$100.00), of the customary charge for commencing telecommunications service for a single telecommunications connection at a subscriber's principal place of residence.
- B. Upon request, qualifying residents may also receive a deferred schedule of payments of up to two hundred dollars (\$200), and any interest charges associated with the connection charge shall be deferred for a period not longer than one (1) year.

### TOHONO O'ODHAM UTILITY AUTHORITY Highway 86, P.O. Box 816

Sells, Arizona 85634-0816

### **LIFELINE TERMS AND CONDITIONS**

### TRIBAL LIFELINE

### General

- A. Tribal Lifeline Assistance is a non-transferable retail service offering for which qualifying low-income subscribers pay reduced charges, as provided for below. Tribal Lifeline Assistance enables eligible subscribers to pay reduced charges for voice telephony service that includes the following services: voice-grade access to the public switched network; local usage; access to emergency services; and toll limitation.
- B. The Tribal Lifeline credit available to an eligible customer residing on TOUA tribal land is equal to the total federal support as established by the Federal Communications. The amount of credit will not exceed the charge for local service, which includes the access line, the Subscriber Line Charge and local usage.
- C. The Company shall apply the baseline payments received by the administrator of the federal Lifeline Assistance program to waive the qualifying customer's federal Subscriber Line Charge. The Company shall apply any additional federal support amount to the qualifying customer's basic local exchange service rate.
- D. The Tribal Lifeline Program reduction to voice telephony service shall apply only to residential service. Qualifying customers must subscribe to a generally available residential service plan or package that includes voice telephony service that is made available in the Company's service area.
- E. Partial payments that are received from Tribal Lifeline customers shall first be applied to voice telephony charges and then to any outstanding charges for additional services.
- F. Nothing in this Section shall prohibit a customer who is otherwise eligible for the Tribal Lifeline Program from obtaining and using telecommunications equipment and services designed to aid such customer in utilizing qualifying telecommunications services.
- G. Residents of the TOUA tribal land who are eligible to receive Tribal Lifeline are also eligible to receive Tribal Link Up assistance for service charges under Link up preceding.
- H. The Tribal Lifeline Program rate will not be available on a retroactive basis.

### TOHONO O'ODHAM UTILITY AUTHORITY

Highway 86, P.O. Box 816 Sells, Arizona 85634-0816

### TRIBAL LIFELINE (Cont'd)

### **Eligibility and Certification Requirements**

- A. To be eligible for Tribal Lifeline assistance, in addition to meeting the tribal land residency requirement, the customer, a dependent, or a member of the household must be a current recipient of any of the following low income assistance programs.
  - 1. Temporary Assistance to Needy Families (TANF) or EMPOWER (Employing and Moving People Off Welfare and Encouraging Responsibility)
  - 2. Supplemental Security Income (SSI)
  - 3. Supplemental Nutrition Assistance Program (SNAP) or Nutrition Assistance
  - 4. Medicaid or Arizona Healthcare Cost Containment System
  - 5. Low-Income Home Energy Assistance Plan (LIHEAP)
  - 6. Federal Public Housing Assistance or Section 8
  - 7. National School Lunch Program's free lunch program
  - 8. BIA (Bureau of Indian Affairs) General Assistance
  - 9. Tribally administered Temporary Assistance for Needy Families (TANF)
  - 10. Head Start Program (income eligible)
  - 11. Food Distribution Program on Indian Reservations
- B. Additionally, customers not receiving benefits under one of the preceding programs, and whose household's total gross annual income does not exceed one hundred and thirty-five percent (135%) of the Federal Poverty Guidelines, meet the requirements for eligibility.
- C. Each subscriber to Tribal Lifeline must provide documentation of income-based or program-based eligibility and certify in writing to the Company, under penalty of perjury, that s/he receives benefits under a program outlined in paragraph A. above, and must on that same document, agree to notify the Company if s/he ceases to participate in the program(s) or to meet income eligibility requirements. The certification form shall conform to the requirements described herein, and shall be made available upon request to any subscriber. The Company shall retain all such subscriber certifications in order to furnish proof of subscriber eligibility as may be required from time to time by Universal Service administrators.
- D. A subscriber may elect at the time of subscription to Tribal Lifeline Assistance to receive toll restriction as part of Tribal Lifeline Assistance. "Toll Restriction" is a service that allows a subscriber to elect not to allow the completion of outgoing toll calls from the subscriber's residence.

### TOHONO O'ODHAM UTILITY AUTHORITY

Highway 86, P.O. Box 816 Sells, Arizona 85634-0816

### TRIBAL LIFELINE (Cont'd)

### **Restrictions**

Only one Tribal Lifeline Assistance credit is available per household.

### Recertification

Customers must recertify on an annual basis that their household continues to qualify for the discounted service.

### **Credit and Collection**

### A. Credit References

The credit verification procedures used for all applicants who apply for service with the Company will also be used for applicants who apply for service under the Tribal Lifeline Program.

### B. Deposits

The Company may not collect a service deposit in order to initiate Tribal Lifeline Assistance if the qualifying low-income subscriber voluntarily elects toll restriction from the Company, where available or if the qualifying low-income subscriber elects a calling plan that does not distinguish between toll and non-toll calls in its pricing. If toll restriction is unavailable, then the Company may charge a service deposit.

### **Service Connection Charges**

- A. Secondary Service charges do not apply to eligible customers with existing residential access line service when they convert to the Tribal Lifeline Program.
- B. Service Connection Charges will apply when:
  - 1. Existing eligible residential Local Exchange Service customers also convert to a different grade of eligible residential service and/or Optional Calling Services at the time the Tribal Lifeline Program billing is initiated.
  - 2. A customer receiving Tribal Lifeline Program billing voluntarily elects to convert to telephone service arrangements which preclude Lifeline Program eligibility.
- C. Any subsequent service changes after the initial connection to the Tribal Lifeline Program will be subject to the applicable tariffed Service Charges .

### TOHONO O'ODHAM UTILITY AUTHORITY (SAC 452173) ATTACHMENT - LINE 3017 ATTACHMENT REDACTED IN ENTIRETY